

Investigator's Motor Vehicle Accident Report

Sheet 1 of 1

2	Total Number of Vehicles	Local No./ District	466	Agency Case No.	B3-116329	HIT & RUN?	<input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE?	<input checked="" type="radio"/> YES <input type="radio"/> NO	L	1
A1	DATE OF ACCIDENT	M M / D D / Y Y Y Y	1 2 / 1 8 / 2 0 1 3	S M T W T H F S	0 0 0 1 0 0 0 0	TIME OF ACCIDENT	1 5 4 1	STATE USE ONLY			
A2	PLACE OF ACCIDENT	COUNTY	LANCASTER	POLICE NOTIFIED	1 5 4 5	LATITUDE					
B	CITY	LINCOLN	PRIVATE PROPERTY?	<input type="radio"/> YES <input checked="" type="radio"/> NO	LONGITUDE						
C	ROAD ON WHICH ACCIDENT OCCURRED	STREET/HIGHWAY NO.	215th Street	ONE-WAY STREET?	<input type="radio"/> YES <input checked="" type="radio"/> NO	SHOULD LOCATION HAVE ENGINEERING STUDY?		<input type="radio"/> YES <input checked="" type="radio"/> NO			
D	DISTANCE FROM MILEPOST	FEET	N S E W	OF MILEPOST	HIGHWAY NO.						
E	IF AT INTERSECTION					IF NOT AT INTERSECTION					
F	NAME OF INTERSECTING ROADWAY					OF NEAREST STREET, BRIDGE, RAILROAD CROSSING					
G	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN										
H	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN						
I	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY?						
J	<input type="radio"/> YES <input checked="" type="radio"/> NO										
K	VEHICLE NO. 1										
L	DRIVER LICENSE NO.	H 1 2 8 9 5 2 4 2	STATE (Of License)	NE	SEX	<input checked="" type="radio"/> FEMALE <input type="radio"/> MALE					
M	DRIVER	Alfa Labra Garcia	PHONE	(402) 570-3478	LOCAL NO.						
N	DRIVER ADDRESS	8400 Sandalwood Dr Lincoln Ne 68520	DATE OF BIRTH (MM/DD/YYYY)	07/03/1973	V1/1						
O	OWNER	Sunny Worman & Alfa Labra Garcia	PHONE	(402) 570-3478	LOCAL NO.						
P	OWNER ADDRESS	8400 Sandalwood Dr Lincoln Ne 68520	CITATION	<input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	28405830					
Q	LICENSE PLATE	NO. T 6 W 8 2 1	YEAR (Plate Expires)	2014	STATE (Of Plate)	NE	V1/2				
R	VEHICLE	2014 KIA SLR Utility	COLOR	Grey	ESTIMATED DAMAGE	<input type="radio"/> TOTAL \$ 3121 ¹³					
S	VEHICLE ID NO. (VIN)	S X Y K T 4 A 7 4 E G S 1 4 B 1 2	INSURANCE COMPANY	Unknown	V1/3						
T	TOWED TO	TOWED BY		POLICY NO.	V1/4						
U	VEHICLE NO. 2										
V	DRIVER LICENSE NO.	H 1 3 2 7 6 6 9 5	STATE (Of License)	NE	SEX	<input checked="" type="radio"/> FEMALE <input type="radio"/> MALE					
W	DRIVER	Desiree N. Wright	PHONE	(402) 202-9922	LOCAL NO.						
X	DRIVER ADDRESS	1724 S. 215th #5 Lincoln Ne 68502	DATE OF BIRTH (MM/DD/YYYY)	07/26/1991	V2/1						
Y	OWNER	Desiree Wright	PHONE	(402) 202-9922	LOCAL NO.						
Z	OWNER ADDRESS	1724 S. 215th #5 Lincoln Ne 68502	CITATION	<input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.	V2/2					
AA	LICENSE PLATE	NO. S S T 9 4 1	YEAR (Plate Expires)	2014	STATE (Of Plate)	NE	V2/3				
AB	VEHICLE	2000 Oldsmobile Intrigue 4dr	COLOR	Blue	ESTIMATED DAMAGE	<input type="radio"/> TOTAL \$ 931 ⁴¹					
AC	VEHICLE ID NO. (VIN)	1 6 3 W S S 2 H 7 4 F 1 8 9 0 3 3	INSURANCE COMPANY	Progressive Universal	V2/4						
AD	TOWED TO	TOWED BY		POLICY NO.	V2/5						
AE					13489856	V2/6					

Complete this section for all injured persons
(Complete a continuation report, if more than three were injured)

VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM/DD/YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
			1 1						
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					

52116

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.

B3-116329



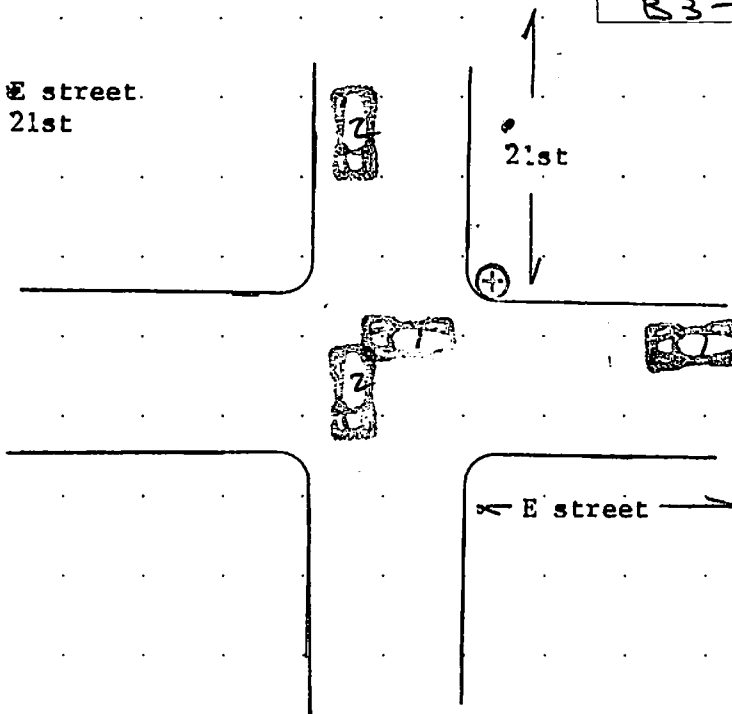
Indicate North by Arrow

POI=approx 10' S of N of E street.
approx 14' E of W of 21st

E street=31' wide

21st= 31' wide

⊕ =stop sign



not to scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

The driver of Veh#1 said that she was W/B on E street at 21st and that she did not see Veh#2 E/B on 21st so she entered the intersection and was in collision with Veh#2. The driver of Veh#2 said that she was S/B on 21st street when Veh#1 violated the stop sign on the NE corner entering 21st street at striking her vehicle

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
				() -	\$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
				() -	\$
WITNESSES	NAME	ADDRESS			PHONE
					() -
	NAME	ADDRESS			PHONE
					() -

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 1		VEH 1		VEH 2			
1				X	D Street	POINT OF IMPACT	0 1 1	POINT OF IMPACT	0 1 6	4		2		1		1			
2	X				21st	MOST DAMAGED AREA	0 1 1	MOST DAMAGED AREA	0 1 6	1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		ALCOHOL TESTING		Driver No. 1 Driver No. 2 Pedestrian			
1	0	1			06 Turning left					VEHICLE 2		VEHICLE 2		BAC LEVEL		ALCOHOL/DRUGS SUSPECTED			
2	0	1			07 Making U-turn					4		2				Driver No. 1 Driver No. 2			
					08 Entering traffic lane											1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown			
					09 Leaving traffic lane														
					10 Parked														
					11 Slowing or stopped in traffic														
					12 Other														
					13 Unknown														

OFFICER NO.	767	TROOP/TEAM/BEAT	4/B	DEPARTMENT	Lincoln Police Dept	Photographs taken?	<input type="radio"/> YES <input checked="" type="radio"/> NO
INVESTIGATOR NAME (Print or Type)	P. Knopik	INVESTIGATOR SIGNATURE	P. Knopik		DATE OF REPORT	12/18/20	23